I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV466147603US, in an envelope addressed to: Emmissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

Docket No.: MWS-027

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

ted: February 18, 2005

Donald P. Orofino, II, et al.

Application No.: 10/722,746

Art Unit: 2173

Filed: November 25, 2003

Examiner: Not Yet Assigned

For: SIGNAL INHERITANCE IN A GRAPHICAL

MODEL ENVIRONMENT

PRELIMINARY AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Preliminary to examination of the above-referenced patent application, please amend the application as follows.

02/25/2005 LWDNDIM1 00000093 120080

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AMENDMENT TRANSMITTAL LETTER

Docket No. MWS-027

Application No.	Filing Date	Examiner	Art Unit
0/722746-Conf. #7299	November 25, 2003	Not Yet Assigned	2173

nt(s): Donald Paul OROFINO, II et al.

Invention: SIGNAL INHERITANCE IN A GRAPHICAL MODEL ENVIRONMENT

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

		CLA	IMS	AS AMENI	DED		
	Claims Remaining After Amendment	Highest Number Previously Paid	y	Number Extra Claims Present		Rate	
Total Claims	89	- 84	=	5	х	50.00	250.00
Independent Claims	12	- 11	=	1	х	200.00	200.00
Multiple Depend	lent Claims (che	eck if applic	able)			
Other fee (pleas	e specify):						•
TOTAL ADDITI	ONAL FEE FO	OR THIS AM	MEN	DMENT:			450.00
x Large Entity						Small Entit	y
No additiona	I fee is require	d for this an	nen	dment.		-	·
Please charg	ge Deposit Acc				the a	mount of \$	450.00
A check in th	ne amount of \$			to cover	the fili	ng fee is en	closed.
Payment by	credit card. Fo	rm PTO-20)38 i	s attached.			
The Director as described	is hereby auth I below. A dup						No. <u>12-0080</u>
x Credit ar	ny overpaymen	t.					
X Charge a	any additional fili	ng or applica	ation	processing f	ees re	quired under	37 CFR 1.16 and 1.17.
Daniel	RBu	P				Dated:	February 18, 2005
David R. Burns Attorney Reg. N	lo.: 46,590		_				, ,
LAHIVE & COC 28 State Street Boston, Massac (617) 227-7400	chusetts 02109)					

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV466147603US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: February 18, 2005

PTO/SB/17 (12-04v2) Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. Application Number 10/722746-Conf. #7299 es pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL Filing Date November 25, 2003 First Named Inventor Donald Paul OROFINO, II For FY 2005 Examiner Name Not Yet Assigned Applicant claims small entity status. See 37 CFR 1.27 2173 Art Unit MWS-027 TOTAL AMOUNT OF PAYMENT 450.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Other (please identify): Check Credit Card Money Order None x Deposit Account Lahive & Cockfield, LLP 12-0080 Deposit Account Number: _ Deposit Account Name:_ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity** Application Type Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) 300 500 250 200 100 Utility 150 200 Design 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee Paid (\$) Multiple Dependent Claims Fee (\$) 50.00 = Fee Paid (\$) Fee (\$) Extra Claims Indep. Claims Fee (\$) 12 ___ - 11 = ____ 1 × 200.00 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$)

Other (e.g.,	ate filing surcharge):				***************************************
SUBMITTED BY					
Signature	David RBund	Registration No. (Attorney/Agent)	46,590	Telephone	(617) 227-7400
Name (Print/Type)	David R. Burns			Date	February 18, 2005

I hereby certify that this corres	pondence is being deposite	d with the U.S. P	Postal Service as	Express Mail, A	Airbill No. E'	V466147603US,
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shown below.		\ .00	200			
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Dated: February 18, 2005

Non-English Specification, \$130 fee (no small entity discount)

Signature:

(David R. Burns)